



## General

### Guideline Title

Best evidence statement (BEST). Child life support during medical procedures.

### Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). Child life support during medical procedures. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2011 Dec 22. 5 p. [5 references]

### Guideline Status

This is the current release of the guideline.

## Recommendations

### Major Recommendations

The strength of the recommendation (strongly recommended, recommended, or no recommendation) and the quality of the evidence (1a–5b) are defined at the end of the "Major Recommendations" field.

It is recommended that children ages 0–18 years old receive developmentally appropriate preparation and support led by either parents, a Child Life Specialist or nurses for intravenous catheter placement, immunizations and laceration repair, to reduce the amount of procedure related distress and anxiety (Chambers et al., 2009 [1a]; Stevenson et al., 2005 [2a]; Cavender et al., 2004 [2b]; Gursky, Kestler & Lewis 2010 [4a]).

#### Definitions:

#### Table of Evidence Levels

Quality Level	Definition
1a <sup>†</sup> or 1b <sup>†</sup>	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local consensus

Quality Level	Definition
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†a = good quality study; b = lesser quality study

#### Table of Recommendation Strength

Strength	Definition
It is strongly recommended that... It is strongly recommended that... not...	There is consensus that benefits clearly outweigh risks and burdens (or vice versa for negative recommendations).
It is recommended that... It is recommended that... not...	There is consensus that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation...	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

## Clinical Algorithm(s)

None provided

## Scope

### Disease/Condition(s)

Pediatric conditions requiring medical procedures

### Guideline Category

Management

### Clinical Specialty

Family Practice

Nursing

Pediatrics

### Intended Users

Advanced Practice Nurses

Nurses

Physician Assistants

Physicians

### Guideline Objective(s)

To evaluate among pediatric patients if receiving support and/or distraction provided by a Child Life Specialist during medical procedures compared to not receiving support and/or distraction from a Child Life Specialist during medical procedures affects the child's anxiety during the time of the medical procedure

Target Population

Children ages 0–18 years old receiving medical procedures

Interventions and Practices Considered

Support and distraction provided by a Child Life Specialist, parents or nurses during medical procedures

Major Outcomes Considered

Anxiety level

Methodology

Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Search Strategy

- Filters: English
- Limits: None
- Date Ranges: All dates included
- Date of last search: 04/05/2011
- Search Terms: Pediatric patients, supporting pediatric patients during medical procedures, anticipatory anxiety, anxiety, Child Life Specialist, child medical procedures, minimally invasive procedures, support, sensory information, sensory support, psychological interventions
- Databases: PubMed, Medline, CINAHL

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

Quality Level	Definition
1a <sup>†</sup> or 1b <sup>†</sup>	Systematic review, meta-analysis, or meta-synthesis of multiple studies

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†a = good quality study; b = lesser quality study

## Methods Used to Analyze the Evidence

Systematic Review

## Description of the Methods Used to Analyze the Evidence

Not stated

## Methods Used to Formulate the Recommendations

Expert Consensus

## Description of Methods Used to Formulate the Recommendations

Not stated

## Rating Scheme for the Strength of the Recommendations

Table of Recommendation Strength

Strength	Definition
It is strongly recommended that... It is strongly recommended that... not...	There is consensus that benefits clearly outweigh risks and burdens (or vice versa for negative recommendations).
It is recommended that... It is recommended that... not...	There is consensus that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation...	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

## Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

## Method of Guideline Validation

## Description of Method of Guideline Validation

This Best Evidence Statement has been reviewed against quality criteria by 2 independent reviewers from the Cincinnati Children's Hospital Medical Center (CCHMC) Evidence Collaboration.

## Evidence Supporting the Recommendations

### References Supporting the Recommendations

Cavender K, Goff MD, Hollon EC, Guzzetta CE. Parents' positioning and distracting children during venipuncture. Effects on children's pain, fear, and distress. *J Holist Nurs*. 2004 Mar;22(1):32-56. [PubMed](#)

Chambers CT, Taddio A, Uman LS, McMurtry CM, HELPinKIDS Team. Psychological interventions for reducing pain and distress during routine childhood immunizations: a systematic review. *Clin Ther*. 2009;31(Suppl 2):S77-S103. [40 references] [PubMed](#)

Gursky B, Kestler LP, Lewis M. Psychosocial intervention on procedure-related distress in children being treated for laceration repair. *J Dev Behav Pediatr*. 2010 Apr;31(3):217-22. [PubMed](#)

Stevenson MD, Bivins CM, O'Brien K, Gonzalez del Rey JA. Child life intervention during angiocatheter insertion in the pediatric emergency department. *Pediatr Emerg Care*. 2005 Nov;21(11):712-8. [PubMed](#)

### Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

## Benefits/Harms of Implementing the Guideline Recommendations

### Potential Benefits

Reduced anxiety

### Potential Harms

Not stated

## Qualifying Statements

### Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This

document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

## Implementation of the Guideline

### Description of Implementation Strategy

An implementation strategy was not provided.

### Implementation Tools

Audit Criteria/Indicators

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

## Institute of Medicine (IOM) National Healthcare Quality Report Categories

### IOM Care Need

Staying Healthy

### IOM Domain

Effectiveness

Patient-centeredness

## Identifying Information and Availability

### Bibliographic Source(s)

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### Adaptation

Not applicable: The guideline was not adapted from another source.

### Date Released

2011 Dec 22

## Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

## Source(s) of Funding

Cincinnati Children's Hospital Medical Center

## Guideline Committee

Not stated

## Composition of Group That Authored the Guideline

*Team Leader/Author:* Lauren P. Wolfe, BS, CLS II, Division of Child Life and Integrative Care

*Support/Consultant:* Mary Ellen Meier, MSN, RN, CPN, EBP Mentor, Center for Professional Excellence Research & Evidence-Based Practice

*Ad Hoc/Content Reviewers:* Kitty O'Brien, MA, CCLS, Clinical Manager, Division of Child Life and Integrative Care

## Financial Disclosures/Conflicts of Interest

No financial conflicts of interest were found.

## Guideline Status

This is the current release of the guideline.

## Guideline Availability

Electronic copies: Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

## Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Jan. 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .
- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Feb 29. 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

In addition, suggested process or outcome measures are available in the [original guideline document](#) .

## Patient Resources

None available

## NGC Status

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